

L05000092382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

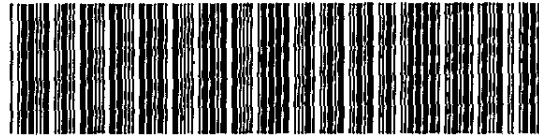
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200057673122

08/08/05--01044--015 \*\*135100

FILED  
2005 SEP 20 PM 3:46  
CORPORATION  
TALLAHASSEE, FLORIDA

W05-37746  
J. BRYAN AUG 10 2005

J. BRYAN SEP 27 2005



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 10, 2005

ANTONIO T. FONTANILLA  
INNOVA ENTERPRISES, LLC  
935 DUNDAS ST. EAST, SUITE 1008  
MISSISSAUGA, ONT. L4Y 4B7 CA, XX

SUBJECT: INNOVA ENTERPRISES, LLC  
Ref. Number: W05000037746

FILED  
2005 SEP 20 PM 3:46  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for INNOVA ENTERPRISES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Can't use what you sent to file LLC,

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 305A00051306

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Innova Enterprises, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antonio T. Fontanilla

(Name of Person)

Innova Enterprises, LLC

(Firm/Company)

935 Dundas St. East, Suite 1008

(Address)

Mississauga, Ontario L4Y 4B7 Canada

(City/State and Zip Code)

For further information concerning this matter, please call:

Antonio T. Fontanilla

(Name of Person)

at ( 905 ) 566-5527

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|--|---|

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
2005 SEP 20 PM 3:46  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Innova Enterprises, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

3701 FAU Blvd., Suite 210

Boca Raton, Florida 33431

USA

**Mailing Address:**

935 Dundas St. East, Suite 1008

Mississauga, Ontario L4Y 4B7

Canada

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Gerald Z. Rossow

Name

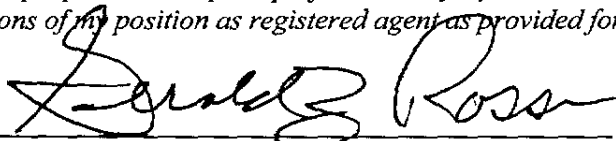
4400 PGA Blvd., Suite 900

Florida street address (P.O. Box **NOT** acceptable)

Palm Beach Gardens, FL 33410 FL

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



Registered Agent's Signature

(CONTINUED)

FILED  
SEP 20 PM 3:47  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Antonio T. Fontanilla

3701 FAU Blvd., Suite 210

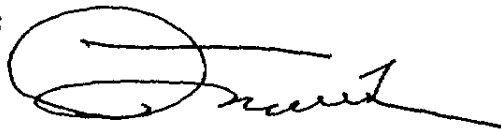
Boca Raton, FL 33431, USA

FILED  
2005 SEP 20 PM 3:47  
CLERK OF THE CIRCUIT COURT  
PALM BEACH COUNTY, FLORIDA

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Antonio T. Fontanilla

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**